

COMMITTEE NAME (Must be same as on Statement of Organization)
Elesha Gayman for Iowa

IA ETHICS AND CAMPAIGN DISCLOSURE BOARD
 IMPORTANT: Indicate by # type of committee you are reporting for
 (1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party
 (4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other
 Political Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other
 Subdivision PAC (11) Local Ballot Issue

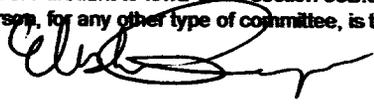
CANDIDATE COMMITTEES ONLY:
 Candidate Name Elesha Gayman Political Party (if applicable) Democrat
 Office Sought Iowa House District (if Senate or House) 99

(Rev. 12/2005) | REPORT

For Office Use Only
 Comm. # 1600
 Logged in _____
 Scanned _____
 Computer WKS
 Audited 6-5-07

File with:
 Iowa Ethics and Campaign
 Disclosure Board
 510 E. 12th, Ste. 1A
 Des Moines, Iowa 50319
 Fax: 515-281-4073

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code section 68B.32A(7) the candidate, for a candidate's committee, and the chairperson, for any other type of committee, is the individual responsible for filing timely and accurate reports.

SIGNATURE OF PERSON FILING REPORT

 TELEPHONE
563-650-6140

DATE SIGNED 5/30/07

I AM FILING A _____ REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.
 (report date) _____ Indicate by #

CHECK IF AMENDMENT TO REPORT DATED 7/19/06

Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
 (You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election _____
 County & Local Committees, enter County in which Election is held _____

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)	\$	<u>3,037.04</u>
ADD TOTAL MONEY TAKEN IN THIS PERIOD		
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)		<u>5,663.00</u>
Schedule F: Loans Received total (Attach Schedule F)		<u>-</u>
Schedule H: Total Sales of Campaign Property (Attach Schedule H)		<u>-</u>
(Schedule H applies to Candidates' Committees Only)		
SUB-TOTAL	\$	<u>8,700.04</u>
SUBTRACT TOTAL MONEY SPENT THIS PERIOD		
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)		<u>1,089.90</u>
Schedule F: Loan Repayments total (Attach Schedule F)		<u>-</u>
CASH ON HAND at the end of this reporting period (if final report balance must be zero) (Attach DR-3)	\$	<u>7,610.14</u>
**UNPAID BILLS (From Schedule D - Attach Schedule D)	\$	<u>-</u>
**IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	\$	<u>535.00</u>
**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)	\$	<u>-</u>
CONSULTANT BREAKDOWN (Schedule G Attached?)	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
CANDIDATE COMMITTEES ONLY: VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)	\$	<u>1,175.00</u>

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

Reset Form

DISCLOSURE SUMMARY PAGE

FORM DR-2 (Rev. 12/2005)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	SW 1600
Logged In	SW 9
Scanned	
Computer	
Audited	
File with: Iowa Ethics and Campaign Disclosure Board 510 E. 12 th , Ste. 1A Des Moines, Iowa 50319 Fax: 515-281-3701	

COMMITTEE NAME (Must be same as on Statement of Organization)
0305 2200 0000 0233 2356 del.com
Elesha Gayman for Iowa

IMPORTANT: Indicate by # type of committee you are reporting for: 1
 (1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party
 (4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other
 Political Subdivision Candidate (8) County PAC (9) School Board or Other Political
 Subdivision PAC (11) Local Ballot Measure

CANDIDATE COMMITTEES ONLY
 Candidate Name: Elesha Gayman
 Office Sought: Iowa House
 Political Party (if applicable): Democrat
 District (if Senate or House): District 84

FILED JUL 19 2006 PM 7-18 IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code section 68B.32A(7) the candidate, for a candidate's committee, and the chairperson, for any other type of committee, is the individual responsible for filing timely and accurate reports.

SIGNATURE OF PERSON FILING REPORT: Rebecca L. Gayman TELEPHONE: (563) 388-1011 DATE SIGNED: 7-17-06

I AM FILING A July 15, 2006 REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.
 (report date) Indicate by # 1

CHECK IF AMENDMENT TO REPORT DATED _____

Check if this is final (termination) report and attach Notice of Dissolution Form DR-3. (You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election _____

County & Local Committees, enter County in which Election is held _____

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)	\$	3,139.88
ADD TOTAL MONEY TAKEN IN THIS PERIOD		
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)		5,663.00
Schedule F: Loans Received total (Attach Schedule F)		0.00
Schedule H: Total Sales of Campaign Property (Attach Schedule H)		0.00
<u>(Schedule H applies to Candidates' Committees Only)</u>		
SUB-TOTAL	\$	8,802.88
SUBTRACT TOTAL MONEY SPENT THIS PERIOD		
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)		1,089.90
Schedule F: Loan Repayments total (Attach Schedule F)		0.00
CASH ON HAND at the end of this reporting period (if final report balance must be zero) (Attach DR-3)	\$	7,712.98
**UNPAID BILLS (From Schedule D - Attach Schedule D)	\$	0.00
*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	\$	535.00
**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)	\$	0.00
CONSULTANT BREAKDOWN (Schedule G Attached?)		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
CANDIDATE COMMITTEES ONLY:		
VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)	\$	1,175.00

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form

Reset Form

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)
Elesha Gayman for Iowa

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
6/4/06	ID# CK#	Carol Schultz 508 W. 13th Street - Sterling, IL		\$20.00	<input type="checkbox"/>
6/5/06	ID# CK#	Jane & Louis Katz 934 Stone Mill RD - Tipton, IA 52772		50.00	<input type="checkbox"/>
6/15/06	ID# CK#	Rita Vargas & Ken Krayenhagen 2724 LeClaire ST - Davenport, IA 52803		25.00	<input checked="" type="checkbox"/>
6/15/06	ID# CK#	Alta Price 4888 School House RD - Bettendorf, IA 52722		50.00	<input checked="" type="checkbox"/>
6/15/06	ID# CK#	Derek Jones 1308 Lincoln Place - Bettendorf, IA 52722		50.00	<input checked="" type="checkbox"/>
6/15/06	ID# CK#	Breanne & Brian Schadt 1830 Valley Drive - Davenport, IA 52806		100.00	<input checked="" type="checkbox"/>
6/15/06	ID# CK#	Tom Engelmann 4552 Main Street - Davenport, IA 52806		100.00	<input checked="" type="checkbox"/>
6/15/06	ID# CK#	Linda Smith-Kortemeyer 3406 Forrest RD - Davenport, IA 52807		50.00	<input checked="" type="checkbox"/>
6/20/06	ID# CK#	Michael Krantz 202 7th Street - East Moline, IL 61244	cousin	35.00	<input type="checkbox"/>
6/20/06	ID# CK#	Dave & Barb Brereton 16325 Route 67- Milan, IL 61264		50.00	<input type="checkbox"/>
SUB-TOTAL				\$ 530.00	
TOTAL (if last page of this schedule)				\$	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)
 Elesha Gayman for Iowa

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
6/20/06	ID# CK#	Tom Fritzsche 2815 E. Central Park AVE - Davenport, IA 52803		\$20.00	<input type="checkbox"/>
6/22/06	ID# 1600 CK# 346	Great River Uniserv Unit PAC #1600 2028 E. 38th Street - Suite 2, Davenport, IA 52807		300.00	<input type="checkbox"/>
6/22/06	ID# 6086 CK# 13471	ISEA - PAC 777 Third Street - Des Moines, IA 50309		100.00	<input type="checkbox"/>
6/15/06	ID# CK#	Pass the Hat		103.00	<input checked="" type="checkbox"/>
6/16/06	ID# CK# PayPal	Jon Stauff 518 West Locust ST - Davenport, IA 52803		25.00	<input type="checkbox"/>
7/6/06	ID# CK#	Caryn Unsicker 1022 12th Street - Silvis, IL 61282		35.00	<input checked="" type="checkbox"/>
7/3/06	ID# CK#	Don & Genny Gayman #3 Archer CT - Davenport, IA 52804	Grandparents	100.00	<input checked="" type="checkbox"/>
7/5/06	ID# CK#	Daniel Roche 5509 34th Avenue - Apt. 103 - Moline, IL 61265		30.00	<input checked="" type="checkbox"/>
6/26/06	ID# CK#	Martha Easter-Wells 2630 Iowa Street - Davenport, IA 52803		500.00	<input checked="" type="checkbox"/>
7/5/06	ID# CK#	Ray & Emily Zirkelbach 737 W 1st Street - Monticello, IA 52310		25.00	<input type="checkbox"/>
SUB-TOTAL				\$ 1,238.	
TOTAL (if last page of this schedule)				\$	

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For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN
(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Elesha Gayman for Iowa

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
7/6/06	ID# CK#	Mike Liebke 111 E. Third Street, Ste. 700 - Davenport, IA 52802		\$500.00	<input checked="" type="checkbox"/>
7/7/06	ID# CK#	Joan Conradi 113 Island View - Waverly, IA 50677		35.00	<input checked="" type="checkbox"/>
7/8/06	ID# CK#	Cathy Rothschild 302 S. State Street - Geneseo, IL 61254	aunt	35.00	<input checked="" type="checkbox"/>
7/8/06	ID# CK#	Alta Price 4888 School House RD - Bettendorf, IA 52722		2000.00	<input checked="" type="checkbox"/>
6/30/06	ID# CK#	Undisclosed		15.00	<input type="checkbox"/>
7/10/06	ID# CK#	Rita Baugh 26510 276th Avenue PL - Princeton, IA 52768		35.00	<input checked="" type="checkbox"/>
7/10/06	ID# CK#	Jaylene Adams 4761 Eastburry Estates DR - Davenport, IA 52753		35.00	<input checked="" type="checkbox"/>
7/11/06	ID# CK#	Lana Long 2832 Kelling Street - Davenport, IA 52804		70.00	<input checked="" type="checkbox"/>
7/11/06	ID# CK#	Chris Gallin 2217 E. 45th Street - Davenport, IA 52807		35.00	<input checked="" type="checkbox"/>
7/11/06	ID# CK#	Tom Wolfe 1905 Emerald Drive - Davenport, IA 52804		25.00	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 2785.00	
TOTAL (if last page of this schedule)				\$	

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For Instructions, See Back of Form

Reset Form

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

CONTRIBUTIONS -- MONEY TAKEN IN
(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)
Elesha Gayman for Iowa

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
7/12/06	ID# CK#	David & Carol Brown 1775 Plymouth DR - Bettendorf, IA 52722		\$70.00	<input checked="" type="checkbox"/>
7/13/06	ID# CK# paypal	Kyle Lobner 2925 Brattleboro Ave - Des Moines, IA 50311		500.00	<input checked="" type="checkbox"/>
7/12/06	ID# CK#	Mary Orr 4721 Wisconsin Avenue - Davenport, IA 52806		35.00	<input checked="" type="checkbox"/>
7/15/06	ID# CK#	Merle Gayman 4435 Telegraph RD - Davenport, IA 52804	uncle	50.00	<input checked="" type="checkbox"/>
7/15/06	ID# CK#	John & Rebekah Gayman 1515 Kenosha CT - Davenport, IA 52804	parents	105.00	<input checked="" type="checkbox"/>
7/15/06	ID# CK#	Catherine Berta 1840 W. 59th Street - Davenport, IA 52806		35.00	<input checked="" type="checkbox"/>
7/15/06	ID# CK#	Emily Navarre 3030 Wisconsin Avenue - Davenport, IA 52806		35.00	<input checked="" type="checkbox"/>
7/15/06	ID# CK#	Undisclosed		20.00	<input type="checkbox"/>
7/15/06	ID# CK#	David Michaelson 195 Garfield Place #11 - Brooklyn, NY 11215		25.00	<input type="checkbox"/>
7/15/06	ID# CK# paypal	Palmer Steward 5234 Nobis Court - Davenport, IA 52802		100.00	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 975.00	
TOTAL (if last page of this schedule)				\$	

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For Instructions, See Back of Form

Reset Form

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

CONTRIBUTIONS -- MONEY TAKEN IN
(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)
Elesha Gayman for Iowa

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
7/15/06	ID# CK#	Lisa Dykhoff 18680 N. SR 9 - Summitville, IN 46070		\$25.00	<input checked="" type="checkbox"/>
7/15/06	ID# CK#	Shirley Johnson 11800 44th ST West - Milan, IL 61264		50.00	<input checked="" type="checkbox"/>
7/15/06	ID# CK#	Barb & Larry James 928 California DR - Des Moines, IA 50312		50.00	<input checked="" type="checkbox"/>
7/15/06	ID# CK#	Undisclosed		10.00	<input checked="" type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
SUB-TOTAL				\$ 135.00	
TOTAL (if last page of this schedule)				\$ 5663.00	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Reset Form

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

COMMITTEE NAME (Must be same as on Statement of Organization)
Elesha Gayman for Iowa

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
6/5/06	ID# CK#electronic	USPS Davenport, IA	Postage	\$ 4.55
6/9/06	ID# CK#electronic	USPS Davenport, IA	Postage	48.00
6/12/06	ID# CK# electronic	Save-A-Lot Rock Island, IL	Parade Candy	12.00
6/23/06	ID# CK#electronic	USPS Davenport, IA	Postage	39.00
6/23/06	ID# CK#electronic	Go.Daddy.com Scottsdale, AZ	Web Hosting	11.96
6/26/06	ID# CK#electronic	Office Max Davenport, IA	Office Supplies, Mailing Supplies	136.86
6/27/06	ID# CK#electronic	Osco Drug Davenport, IA	Stationary	16.31
6/30/06	ID# CK# 1050	USPS Davenport, IA	Postage	390.00
SUB-TOTAL				\$ 658.68
TOTAL (if last page of this schedule)				\$

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)
Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

COMMITTEE NAME (Must be same as on Statement of Organization)
Elesha Gayman for Iowa

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
7/3/06	ID# CK#electronic	Office Max Davenport, IA	Paper	\$ 16.04
7/3/06	ID# CK#electronic	Elesha Gayman 1515 Kenosha CT - Davenport, IA 52804	Reimburse for telephone usage	141.78
7/3/06	ID# CK# 1051	Review Printing Rock Island, IL	Fundraising Mailer	273.40
	ID# CK#			
SUB-TOTAL				\$ 431.22
TOTAL (if last page of this schedule)				\$ 1089.9

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Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

FOR INSTRUCTIONS, SEE BACK OF FORM

SCHEDULE E (Rev. 06/97)	IN-KIND CONTRIBUTIONS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)
Elesha Gayman for Iowa

Reset Form

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
6/15/06	Mike Liebbe 111 E. 3rd Street - Suite 700 - Davenport, IA 52802		Wine for Fundraiser	\$ 200.00	<input checked="" type="checkbox"/>
6/15/06	Breanne Schadt 1830 Valley Drive - Davenport, IA 52804		Food and Facility for Fundraiser	100.00	<input checked="" type="checkbox"/>
6/15/06	John & Rebekah Gayman 1515 Kenosha CT - Davenport, IA 52804	parents	Food for Fundraiser	50.00	<input checked="" type="checkbox"/>
7/15/06	David Schultz 1509 Judson ST - Davenport, IA		Parade Supplies & Car	75.00	<input type="checkbox"/>
7/12/06	ISEA 777 Third Street - Des Moines, IA 50309		membership list	10.00	<input type="checkbox"/>
7/15/06	Scott County Democrats 1416 W. 16th ST - Davenport, IA		June & July Office Space	100.00	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
SUB-TOTAL				\$ 535.00	
TOTAL (if last page of this schedule)				\$ 535.00	

*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

THIS FORM IS USED BY CANDIDATES' COMMITTEES ONLY

SCHEDULE
H
(Rev. 07/03) CAMPAIGN
PROPERTY

COMMITTEE NAME (Must be same as on Statement of Organization)
Elesha Gayman for Iowa

Reset Form

ATTACH SCHEDULE H TO EACH REPORT, MAKING CHANGES AS REQUIRED.

CHECK THIS BOX IF AMENDING FORM

PART I - ONGOING INVENTORY OF CAMPAIGN PROPERTY

PART II - SALES OR TRANSFERS OF CAMPAIGN PROPERTY **

Date Purchased (Schedule B) or Date Received (Schedule E) (MM/DD/YR)	Description of Property	Purchase Price or Est. Value When Acquired*	Current Value at Fair Market This Report
1/1/06	Computer and Software	1500.00	1,000.00
1/1/06	Printer	225.00	175.00

Date (MM/DD/YR)	Name and Address of Purchaser/Donee	Description of Property	Sold? Y/N	Sale Price	Value of Donation

TOTAL VALUE CAMPAIGN PROPERTY THIS REPORT (TRANSFER TO SUMMARY PAGE) \$ 1175.00

** PROPERTY SALES & TRANSFERS TOTAL (TRANSFER TO SUMMARY PAGE) \$ _____ TOTALS \$ _____ \$ _____

* If estimated, show *est.* beside figure.

(Attach Additional Schedules if Needed)